

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83564185

GENERATOR NAME AND MAILING ADDRESS

F.M. THOMAS AIR CONDITIONING
2311 GIMINI AVE.
BREA, CA. 92621

AREA CODE/PHONE NUMBER

TRANSPORTER NO 1

F.M. THOMAS AIR CONDITIONING

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

AREA CODE/PHONE NUMBER

213/698-0991

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO METH

HAZARDOUS WASTE, LIQUID N.O.S. - ORM-E
(R-11)

NA9189

1150 P

3 DM 2 11 01

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature

BRIAN E PACE

MO DAY YR
10 09 84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

BRIAN E PACE

DATE
REC'D &
ACCEPTED MO DAY YR
10 09 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D &
ACCEPTED MO DAY YR
10 09 84

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

TIM BALTES

EPA ID NUMBER
CAD042245001

DATE RECEIVED & ACCEPTED

MO DAY YR
10 09 84